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Case 07-14107 (Official Form 1) (04/07) Filed 08/06/07 Entered 08/06/07 17:32:48 Desc Main Doc 1 Document Page 1 of 37 **United States Bankruptcy Court Voluntary Petition Northern District of Illinois** Name of Debtor (if individual, enter Last, First, Middle): Name of Joint Debtor (Spouse) (Last, First, Middle): Flores, Maria I All Other Names used by the Debtor in the last 8 years All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): (include married, maiden, and trade names): Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all): 3060 than one, state all): Street Address of Debtor (No. & Street, City, State & Zip Code): Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 2822 W 40th St Chicago II

| Sincago, IL   | ZIPCODE <b>60632-1806</b>  |   | ZIPCODE  |
|---|--|---|--|
| County of Residence or of the Principal Place of Busi   | iness:   | County of Residence                                       | ce or of the Principal Place of Business:  |
| Mailing Address of Debtor (if different from street ad  | ddress)  | Mailing Address of  | F Joint Debtor (if different from street address):   |
|   | ZIPCODE  | 1   | ZIPCODE  |
| Location of Principal Assets of Business Debtor (if di  | ifferent from street address ab  | ove):   |  |
| Type of Debtor  | Nature of B  | usiness   | ZIPCODE  Chapter of Bankruptcy Code Under Which  |
| (Form of Organization) (Check <b>one</b> box.)  ✓ Individual (includes Joint Debtors)  See Exhibit D on page 2 of this form.  | (Check one ☐ Health Care Business ☐ Single Asset Real Estate U.S.C. § 101(51B) | ,   | the Petition is Filed (Check one box.)  Chapter 7  |
| ☐ Corporation (includes LLC and LLP) ☐ Partnership ☐ Other (If debtor is not one of the above entities,   | ☐ Railroad ☐ Stockbroker ☐ Commodity Broker                                    |   | Chapter 12 Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding   |
| check this box and state type of entity below.)   | Clearing Bank Other  Tax-Exempt (Check box, if a                               | pplicable.)   | Nature of Debts (Check one box)  ✓ Debts are primarily consumer debts, defined in 11 U.S.C. business debts.  § 101(8) as "incurred by an individual primarily for a                          |
|   | Title 26 of the United S Internal Revenue Code)                                | tates Code (the   | individual primarily for a personal, family, or house-hold purpose."   |
| Filing Fee (Check one box   | x)   | Check one box:  | Chapter 11 Debtors:  |
| <ul> <li>✓ Full Filing Fee attached</li> <li>☐ Filing Fee to be paid in installments (Applicable to attach signed application for the court's consideration is unable to pay fee except in installments. Rule 10 3A.</li> </ul> | ion certifying that the debtor   | Debtor is not a si Check if: Debtor's aggregation         | l business debtor as defined in 11 U.S.C. § 101(51D). mall business debtor as defined in 11 U.S.C. § 101(51D).  ate noncontingent liquidated debts owed to non-insiders or than \$2,190,000. |
| Filing Fee waiver requested (Applicable to chapter attach signed application for the court's considerate  |  | Check all applicable  A plan is being f  Acceptances of t |  |
| Statistical/Administrative Information  ☐ Debtor estimates that funds will be available for d ☐ Debtor estimates that, after any exempt property is no funds available for distribution to unsecured cr                         | s excluded and administrative  |   | THIS SPACE IS FOR COURT USE ONLY will be   |
| Estimated Number of Creditors  1- 50- 100- 200- 1,000- 49 99 199 999 5,000  1   | 5,001- 10,001- 25,00<br>10,000 25,000 50,00                                    |   | Over<br>00,000   |
|   | \$100,000 to \$1 million \$100 m   |   | than<br>million  |
|   | \$100,000 to \$1 milli<br>\$1 million \$100 m                                  |   | than<br>million  |

of the petition.

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Name of Debtor(s): Flores, Maria I

#### **Signatures**

#### Signature(s) of Debtor(s) (Individual/Joint)

Doc 1

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Maria I Flores

Signature of Debtor

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

August 6, 2007

Х

#### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.
- Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

X

**Maria I Flores** 

Printed Name of Foreign Representative

Date

#### Signature of Attorney

#### X /s/ Derek Lofland

Signature of Attorney for Debtor(s)

#### Derek Lofland 6280490

Printed Name of Attorney for Debtor(s)

#### Gleason And Gleason LLC

Firm Name

#### 77 W Washington, Ste 1218

Chicago, IL 60602

#### (312) 578-9530

Telephone Number

#### August 6, 2007

Date

#### Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Х

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Χ

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

Case 07-14107 Official Form 1, Exhibit D (10/06)

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**United States Bankruptcy Court Northern District of Illinois** 

| IN RE:          |           | Case No.  |
|-----------------|-----------|-----------|
| Flores, Maria I |           | Chapter 7 |
| ·               | Debtor(s) | •         |

#### EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

| 1. Within the 180 days <b>before the filing of my bankruptcy case</b> , I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.   |
|--|
| 2. Within the 180 days <b>before the filing of my bankruptcy case</b> , I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed. |
| 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Must be accompanied by a motion for determination by the court.][Summarize exigent   |

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

| 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied  | by a  |
|--|-------|
| motion for determination by the court.]  | •     |
| ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incap of realizing and making rational decisions with respect to financial responsibilities.);    | able  |
| Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effor participate in a credit counseling briefing in person, by telephone, or through the Internet.); | t, to |
| Active military duty in a military combat zone.  |       |
| 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 10 does not apply in this district.  | 9(h)  |

I certify under penalty of perjury that the information provided above is true and correct.

| Signature of Debtor: | s/ Maria I Flores |
|----------------------|-------------------|
| · ·                  |                   |

Date: August 6, 2007

circumstances here.]

Case 07-14107 Official Form 6 - Summary (10/06)

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Document Page 5 of 37 United States Bankruptcy Court **Northern District of Illinois** 

| IN RE:          |           | Case No   |
|-----------------|-----------|-----------|
| Flores, Maria I |           | Chapter 7 |
| ·               | Debtor(s) | •         |

### **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NUMBER OF<br>SHEETS | ASSETS      | LIABILITIES  | OTHER       |
|--|----------------------|---------------------|-------------|--------------|-------------|
| A - Real Property  | Yes                  | 1                   | \$ 0.00     |              |             |
| B - Personal Property  | Yes                  | 2                   | \$ 1,200.00 |              |             |
| C - Property Claimed as Exempt   | Yes                  | 1                   |             |              |             |
| D - Creditors Holding Secured Claims   | Yes                  | 1                   |             | \$ 0.00      |             |
| E - Creditors Holding Unsecured Priority<br>Claims (Total of Claims on Schedule E) | Yes                  | 2                   |             | \$ 0.00      |             |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | Yes                  | 7                   |             | \$ 19,336.74 |             |
| G - Executory Contracts and Unexpired<br>Leases                                    | Yes                  | 1                   |             |              |             |
| H - Codebtors  | Yes                  | 1                   |             |              |             |
| I - Current Income of Individual Debtor(s)   | Yes                  | 1                   |             |              | \$ 1,371.14 |
| J - Current Expenditures of Individual Debtor(s)                                   | Yes                  | 1                   |             |              | \$ 1,535.00 |
|  | TOTAL                | 18                  | \$ 1,200.00 | \$ 19,336.74 |             |

Case 07-14107 Doc 1 Official Form 6 - Statistical Summary (10/06)

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**Northern District of Illinois** 

| Case No   |
|-----------|
| Chapter 7 |
|           |
|           |

#### STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount     |
|---|------------|
| Domestic Support Obligations (from Schedule E)  | \$<br>0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) (whether disputed or undisputed) | \$<br>0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)                          | \$<br>0.00 |
| Student Loan Obligations (from Schedule F)  | \$<br>0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E           | \$<br>0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                   | \$<br>0.00 |
| TOTAL   | \$<br>0.00 |

#### **State the following:**

| Average Income (from Schedule I, Line 16)   | \$<br>1,371.14 |
|---|----------------|
| Average Expenses (from Schedule J, Line 18)   | \$<br>1,535.00 |
| Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C |                |
| Line 20)  | \$<br>2,117.72 |

#### **State the following:**

| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |            | \$<br>0.00      |
|--|------------|-----------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.            | \$<br>0.00 |                 |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |            | \$<br>0.00      |
| 4. Total from Schedule F   |            | \$<br>19,336.74 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |            | \$<br>19,336.74 |

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| IN  | RE:  | Case No  |            |
|-----|--|--|------------|
| Fle | ores, Maria I  | Chapter 7  |            |
|     | ·  | otor(s)  |            |
|     | DISCLOSURE O   | OF COMPENSATION OF ATTORNEY FOR DEBTOR   |            |
| 1.  |  | le 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to tcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in collows:   |            |
|     | For legal services, I have agreed to accept  | \$   | 556.00     |
|     | Prior to the filing of this statement I have received  | \$   | 221.00     |
|     | Balance Due  | \$   | 335.00     |
| 2.  | The source of the compensation paid to me was:   | Debtor Other (specify):  |            |
| 3.  | The source of compensation to be paid to me is:  | Debtor Other (specify):  |            |
| 4.  | I have not agreed to share the above-disclosed of  | compensation with any other person unless they are members and associates of my law firm.  |            |
|     | I have agreed to share the above-disclosed com together with a list of the names of the people's   | npensation with a person or persons who are not members or associates of my law firm. A copy of the sharing in the compensation, is attached.  | agreement, |
| 5.  | In return for the above-disclosed fee, I have agreed t   | to render legal service for all aspects of the bankruptcy case, including:   |            |
|     | <ul><li>b. Preparation and filing of any petition, schedules</li><li>c. Representation of the debtor at the meeting of contents.</li></ul> | I rendering advice to the debtor in determining whether to file a petition in bankruptcy; es, statement of affairs and plan which may be required; creditors and confirmation hearing, and any adjourned hearings thereof; eedings and other contested bankruptey matters; |            |
| 6.  | By agreement with the debtor(s), the above disclosed Litigation/Adversary Proceedings Motions to Redeem \$400.00 Credit Education Fees     | d fee does not include the following services:   |            |
|     |  | GUDTINITA A TYON   |            |
|     | certify that the foregoing is a complete statement of a roceeding.   | CERTIFICATION  any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy   |            |
|     | August 6, 2007   | /s/ Derek Lofland  |            |
| -   | Date   | Signature of Attorney  |            |

**Gleason And Gleason LLC** 

Name of Law Firm

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# Case 07-14107 Doc 1 Filed 08/06/07 Entered 08/06/07 17:32:48 Desc Main Document Page 8 of 37 UNITED STATES BANKRUPTCY COURT

### NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### <u>Chapter 7</u>: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
- 2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

### <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

- 1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
- 2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,

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using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

#### Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by  $\S 342(b)$  of the Bankruptcy Code.

| Printed Name and title, if any, of Bankruptcy Petition Preparer Address:  | Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, |
|---|--|
| x   | principal, responsible person, or partner of<br>the bankruptcy petition preparer.)<br>(Required by 11 U.S.C. § 110.)               |
| Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above. | _  |
| Certificate of the Debtor   |  |

I (We), the debtor(s), affirm that I (we) have received and read this notice.

| Flores, Maria I              | X /s/ Maria I Flores               | 8/06/2007 |
|------------------------------|------------------------------------|-----------|
| Printed Name(s) of Debtor(s) | Signature of Debtor                | Date      |
| Case No. (if known)          | x                                  |           |
|                              | Signature of Joint Debtor (if any) | Date      |

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IN RE Flores, Maria I

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Case No.

Debtor(s)

#### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H" for Husband, "W" for Wife, "J" for Joint or "C" for Community in the column labeled "HWJC." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

|                                      | TOTA                                       | AL          | 0.00  |                            |
|--------------------------------------|--|-------------|---|----------------------------|
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|                                      |  |             |   |                            |
| None                                 |  |             |   |                            |
|                                      |  | C           | SECURED CLAIM OR<br>EXEMPTION                             |                            |
| DESCRIPTION AND LOCATION OF PROPERTY | NATURE OF DEBTOR'S<br>INTEREST IN PROPERTY | H<br>W<br>J | DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY | AMOUNT OF SECURED<br>CLAIM |
|                                      |  |             | CURRENT VALUE OF  |                            |

(Report also on Summary of Schedules)

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Debtor(s)

#### **SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H" for Husband, "W" for Wife, "J" for Joint, or "C" for Community in the column labeled "HWJC." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." In providing the information requested in this schedule, do not include the name or address of a minor child. Simply state "a minor child."

|          | TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY                         | H<br>W<br>J<br>C | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR |
|----------|---|------------------|--|------------------|---|
|          |   | -                |  | _                | EXEMPTION   |
| 1.       | Cash on hand.   |                  | Cash on Hand   |                  | 50.00   |
| 2.       | Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.                                   | X                |  |                  |   |
| 3.       | Security deposits with public utilities, telephone companies, landlords, and others.  |                  | Security Deposit w/ Landlord - \$300.00 - No value to Debtor |                  | 0.00  |
| 4.       | Household goods and furnishings, include audio, video, and computer equipment.  |                  | Misc. Household Goods  |                  | 750.00  |
| 5.       | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.  |                  | Books, Pictures, Cds, and Other Collectibles                 |                  | 125.00  |
| 6.       | Wearing apparel.  |                  | Used Clothing  |                  | 200.00  |
| 7.       | Furs and jewelry.   |                  | Misc. Costume Jewelry  |                  | 75.00   |
| 8.       | Firearms and sports, photographic, and other hobby equipment.   | X                |  |                  |   |
| 9.       | Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.  | X                |  |                  |   |
| 10.      | Annuities. Itemize and name each issue.   | X                |  |                  |   |
| 11.      | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(3). 11 U.S.C. § 521(c); Rule 1007(b)). | X                |  |                  |   |
| 12.      | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.  | X                |  |                  |   |
| 13.      | Stock and interests in incorporated and unincorporated businesses.  Itemize.  | X                |  |                  |   |
| 14.      | Interests in partnerships or joint ventures. Itemize.   | X                |  |                  |   |
| 15.      | Government and corporate bonds and other negotiable and non-negotiable instruments.   | X                |  |                  |   |
| 16.      | Accounts receivable.  | X                |  |                  |   |
| <u> </u> |   | 1                |  |                  |   |

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Debtor(s)

# SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

|     | TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY | H<br>W<br>J<br>C | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|-----|---|------------------|--------------------------------------|------------------|---|
| 17. | Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.  | Х                |                                      |                  |   |
| 18. | Other liquidated debts owing debtor including tax refunds. Give particulars.  | X                |                                      |                  |   |
| 19. | Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.  | X                |                                      |                  |   |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |                                      |                  |   |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | x                |                                      |                  |   |
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | X                |                                      |                  |   |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.  | X                |                                      |                  |   |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) in customer lists or similar compilations provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |                                      |                  |   |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories.  | X                |                                      |                  |   |
| 26. | Boats, motors, and accessories.   | X                |                                      |                  |   |
| 27. | Aircraft and accessories.   | X                |                                      |                  |   |
| 28. | Office equipment, furnishings, and supplies.  | <b>X</b>         |                                      |                  |   |
| 29. | Machinery, fixtures, equipment, and supplies used in business.  | X                |                                      |                  |   |
|     | Inventory.  | X                |                                      |                  |   |
|     | Animals.  | X                |                                      |                  |   |
| 32. | Crops - growing or harvested. Give particulars.   |                  |                                      |                  |   |
|     | Farming equipment and implements.   | X                |                                      |                  |   |
|     | Farm supplies, chemicals, and feed.   | X                |                                      |                  |   |
| 35. | Other personal property of any kind not already listed. Itemize.  | X                |                                      |                  |   |
|     |   |                  |                                      |                  |   |

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Debtor(s)

#### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor elects the exemptions to which debtor is entitled under: | Check if debtor claims a homestead exemption that exceeds \$136,875. |
|---|--|
| Check one box)  |  |

11 U.S.C. § 522(b)(2) 11 U.S.C. § 522(b)(3)

|                        | i l  | WITHOUT DEDUCTING<br>EXEMPTIONS   |
|------------------------|--|---|
|                        |  |   |
| 735 ILCS 5 §12-1001(b) | 50.00  | 50.0  |
|                        | 750.00   | 750.0   |
| 735 ILCS 5 §12-1001(b) | 125.00   | 125.0   |
| 735 ILCS 5 §12-1001(a) | 200.00   | 200.0   |
| 735 ILCS 5 §12-1001(b) | 75.00  | 75.0  |
|                        |  |   |
|                        |  |   |
|                        |  |   |
|                        |  |   |
|                        |  |   |
|                        |  |   |
|                        |  |   |
|                        | 735 ILCS 5 §12-1001(b)<br>735 ILCS 5 §12-1001(b)<br>735 ILCS 5 §12-1001(a) | 735 ILCS 5 §12-1001(b) 750.00<br>735 ILCS 5 §12-1001(b) 125.00<br>735 ILCS 5 §12-1001(a) 200.00 |

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#### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS<br>INCLUDING ZIP CODE AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND DESCRIPTION AND VALUE OF<br>PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF ANY |
|--|----------|---------------------------------------|--|------------|--------------|----------|---|------------------------------|
| ACCOUNT NO.  |          |                                       |  |            |              |          |   |                              |
|  |          |                                       |  |            |              |          |   |                              |
|  |          |                                       |  |            |              |          |   |                              |
|  |          |                                       |  |            |              |          |   |                              |
|  |          |                                       | VALUE \$   |            |              |          |   |                              |
| ACCOUNT NO.  |          |                                       |  |            |              |          |   |                              |
|  |          |                                       |  |            |              |          |   |                              |
|  |          |                                       |  |            |              |          |   |                              |
|  |          |                                       |  | -          |              |          |   |                              |
|  |          |                                       | VALUE \$   | ┝          |              |          |   |                              |
| ACCOUNT NO.  |          |                                       |  |            |              |          |   |                              |
|  |          |                                       |  |            |              |          |   |                              |
|  |          |                                       |  |            |              |          |   |                              |
|  |          |                                       | VALUE \$   | 1          |              |          |   |                              |
| ACCOUNT NO.  |          |                                       |  | T          |              |          |   |                              |
|  |          |                                       |  |            |              |          |   |                              |
|  |          |                                       |  |            |              |          |   |                              |
|  |          |                                       |  |            |              |          |   |                              |
|  |          |                                       | VALUE \$   |            |              |          |   |                              |
| O continue tion should be a little   |          |                                       |  | Sub        |              |          | ¢   | ¢                            |
| occinination sheets attached   |          |                                       | (Total of th   |            |              |          | \$  | \$                           |
|  |          | (U                                    | se only on last page of the completed Schedule D. Report   | als        | Fota<br>o o  | n        |   |                              |
|  |          |                                       | the Summary of Schedules, and if applicable, on the S  | tatis      | stica        | al       | œ.  | ¢.                           |
|  |          |                                       | Summary of Certain Liabilities and Relate  | αD         | ata          | .)       | Э   | \$                           |

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Debtor(s)

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 or 13 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 report this total also on the Statistical Summary of Certain Liabilities and Related Data. © 1993-2007 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) **Domestic Support Obligations** Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). Deposits by individuals Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). **▼** Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). Commitments to Maintain the Capital of an Insured Depository Institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). Claims for Death or Personal Injury While Debtor Was Intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

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Debtor(s)

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS (Continuation Sheet)

#### **Taxes and Other Certain Debts Owed to Governmental Units**

(Type of Priority for Claims Listed on This Sheet)

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE AND ACCOUNT NUMBER.<br>(See Instructions above.)                 | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED<br>AND CONSIDERATION FOR CLAIM                                      | CONTINGENT | UNLIQUIDATED | DISPITIED | Distolled | AMOUNT<br>OF<br>CLAIM | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY,<br>IF ANY |
|---|----------|---------------------------------------|---|------------|--------------|-----------|-----------|-----------------------|--------------------------------------|--|
| ACCOUNT NO. XXX-XX-3060   |          |                                       | State Income Tax Debt 2005 &  | T          |              |           | Ì         |                       |                                      |  |
| Illinois Department Of Revenue<br>C/O ICS Payment And Correspondence Unit<br>PO Box 19043<br>Springfield, IL 62794-9043 |          |                                       | 2006  |            |              |           |           | unknown               |                                      |  |
| ACCOUNT NO.   | T        |                                       | Assignee or other notification  | t          |              |           | Ť         |                       |                                      |  |
| Illinois Department Of Revenut<br>Bankruptcy Section Level 7-400<br>100 W Randolph St<br>Chicago, IL 60601-3218         |          |                                       | for:<br>Illinois Department Of Revenue  |            |              |           |           |                       |                                      |  |
| ACCOUNT NO. XXX-XX-3060   | l        |                                       | Federal Income Tax Debt 2005  | T          |              |           | T         |                       |                                      |  |
| Internal Revenue System<br>230 S Dearborn St Stop 5016-CHI<br>Chicago, IL 60604-1505                                    |          |                                       | & 2006  |            |              |           |           | unknown               |                                      |  |
| ACCOUNT NO.   |          |                                       |   |            |              |           |           |                       |                                      |  |
| ACCOUNT NO.   |          |                                       |   |            |              |           |           |                       |                                      |  |
|   |          |                                       |   |            |              |           |           |                       |                                      |  |
| ACCOUNT NO.   |          |                                       |   |            |              |           |           |                       |                                      |  |
| Sheet no1 of1 continuation sheets   | att      | ached                                 |   | Sub        |              |           | 1         |                       | _                                    | _  |
| Schedule of Creditors Holding Unsecured Priority  | Cl:      | aims                                  | (Totals of the  | _          | oag<br>Tot   |           | 3         | \$                    | \$                                   | \$   |
| (Use only on last page of the comp  | plet     | ed Scl                                | hedule E. Report also on the Summary of Sch   |            |              |           | •         | \$                    |                                      |  |
|   |          |                                       | last page of the completed Schedule E. If appeal Summers of Contain Lightilities and Relate | plic       |              | le,       |           |                       | ¢                                    | ¢  |
| report also on th   | e St     | atistic                               | al Summary of Certain Liabilities and Relate  | αD         | vata         | a.)       |           |                       | IΦ                                   | IΦ   |

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#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts filing a case under chapter 7, report this total also on the Statistical Summary of Certain Liabilities and Related Data

| Check this box if debtor has no creditors ho   | lding    | unse                                  | cured nonpriority claims to report on this Schedule F.  |            |              |    |                       |
|--|----------|---------------------------------------|---|------------|--------------|----|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE  | CONTINGENT | UNLIQUIDATED | А  | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. 00000259919814   |          |                                       | Utility or Cellular Service   |            |              |    |                       |
| Afni Inc<br>PO Box 3427<br>Bloomington, IL 61702-3427  |          |                                       |   |            |              |    | 174.53                |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:   |            |              |    |                       |
| Cingular Wireless<br>PO Box 6428<br>Carol Stream, IL 60197-6428  |          |                                       | Afni Inc  |            |              |    |                       |
| ACCOUNT NO. <b>77389000401535</b>  |          |                                       | Utility or Cellular Service   |            |              |    |                       |
| Allied Interstate<br>3000 Corporate Exchange Dr 5th Fl<br>Columbus, OH 43231-7689                        |          |                                       |   |            |              |    | 339.18                |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:   | 1          |              |    | 339.10                |
| Sbc<br>225 W Randolph St Ste 27A<br>Chicago, IL 60606-1838   |          |                                       | Allied Interstate   |            |              |    |                       |
| 6 continuation sheets attached   |          |                                       | St<br>(Total of this  |            | otal         | \$ | 513.71                |
|  |          |                                       |   | T          | otal         |    |                       |
|  |          |                                       | (Use only on last page of the completed Schedule F. Report a<br>the Summary of Schedules and, if applicable, on the Sta<br>Summary of Certain Liabilities and Related | tist       | ical         | \$ |                       |

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Debtor(s)

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  |  | (                                     | Continuation Sheet)   |                |              |          |                       |
|--|--|---------------------------------------|---|----------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) |  | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT     | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. 412174155678   |  |                                       | Revolving account opened 4/99   |                |              |          |                       |
| Capital 1 Bk<br>11013 W Broad St<br>Glen Allen, VA 23060-5937  |  |                                       |   |                |              |          | 1,460.00              |
| ACCOUNT NO. <b>2834560A</b>  |  |                                       | Medical or Dental Services  | ╁              |              | H        | 1,400.00              |
| Chicago Imaging Association LLC / SAN 36515 Treasury Center Chicago, IL 60694-6500                       |  |                                       |   |                |              |          | 124.40                |
| ACCOUNT NO. 44418165   |  |                                       | Utility or Cellular Service   | $\vdash$       |              |          | 131.10                |
| Direct TV PO Box 78626 Phoenix, AZ 85062-8626  |  |                                       | <b>5y</b> 5 <b>55</b>   |                |              |          | 318.25                |
| ACCOUNT NO. <b>xxx-xx-3060</b>   |  |                                       | Payday Loan   | $\vdash$       |              |          | 310.23                |
| Illinois Lending Corp<br>408 N Wells St<br>Chicago, IL 60610-4511  |  |                                       |   |                |              |          |                       |
| ACCOUNT NO. <b>D142056n1</b>   |  |                                       | Open account opened 3/05  | -              |              |          | 0.00                  |
| Leland Scott<br>1600 E Pioneer Pkwy Ste 550<br>Arlington, TX 76010-0536                                  |  |                                       | open account opened 5/05  |                |              |          |                       |
| ACCOUNT NO   |  |                                       | Assignee or other notification for:   | -              |              |          | 486.00                |
| ACCOUNT NO.  Womens Workout World Kedzie   |  |                                       | Leland Scott  |                |              |          |                       |
| ACCOUNT NO. <b>8061916015</b>  |  |                                       | Open account opened 7/06  | $\vdash$       |              |          |                       |
| Merchants Cr<br>223 W Jackson Blvd Ste 900<br>Chicago, IL 60606-6912                                     |  |                                       |   |                |              |          |                       |
|  |  |                                       |   |                |              | Ц        | 571.00                |
| Sheet no. $\underline{}$ of $\underline{}$ of Creditors Holding Unsecured Nonpriority Claims             |  |                                       | (Total of the   | Sub<br>iis p   |              |          | \$ 2,966.35           |
|  |  |                                       | (Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Related | t als<br>tatis | tica         | n<br>al  | \$                    |

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IN RE Flores, Maria I

Debtor(s)

|  |          | (                                     | Continuation Sneet)   |            |              |          |                       |
|--|----------|---------------------------------------|---|------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:   | $\top$     |              |          |                       |
| Med1 02 Chicago Womens Health Ltd  |          |                                       | Merchants Cr  |            |              |          |                       |
| ACCOUNT NO. <b>8061574212</b>  |          |                                       | Open account opened 6/06  |            |              |          |                       |
| Merchants Cr<br>223 W Jackson Blvd Ste 900<br>Chicago, IL 60606-6912                                     |          |                                       |   |            |              |          | 279.00                |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:   | +          |              |          | 270.00                |
| Med1 02 Chicago Womens Health Ltd  |          |                                       | Merchants Cr  |            |              |          |                       |
| ACCOUNT NO. <b>8070120211</b>  |          |                                       | Open account opened 1/07  |            |              |          |                       |
| Merchants Cr<br>223 W Jackson Blvd Ste 900<br>Chicago, IL 60606-6912                                     |          |                                       |   |            |              |          | 77.00                 |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:   | +          |              |          | 77.00                 |
| Med1 02 Chicago Imaging Associates S   |          |                                       | Merchants Cr  |            |              |          |                       |
| ACCOUNT NO. <b>8062850399</b>  |          |                                       | Open account opened 10/06   |            |              |          |                       |
| Merchants Cr<br>223 W Jackson Blvd Ste 900<br>Chicago, IL 60606-6912                                     |          |                                       |   |            |              |          | 64.00                 |
| ACCOUNT NO.  | $\vdash$ |                                       | Assignee or other notification for:   | +          |              |          | 34.00                 |
| Med1 02 Chicago Imaging Associates S   |          |                                       | Merchants Cr  |            |              |          |                       |
| Sheet no. 2 of 6 continuation sheets attached to   |          |                                       | 1   | l<br>Sub   | otor         | al       |                       |
| Schedule of Creditors Holding Unsecured Nonpriority Claims   |          |                                       | (Total of   | this p     | oag<br>Tot   | e)<br>al | \$ 420.00             |
|  |          |                                       | (Use only on last page of the completed Schedule F. Rep<br>the Summary of Schedules, and if applicable, on the<br>Summary of Certain Liabilities and Rela | Statis     | stic         | al       | \$                    |

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Debtor(s)

|  |          | (                                     | Continuation Sheet)  |                   |                     |          |                       |
|--|----------|---------------------------------------|--|-------------------|---------------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE   | CONTINGENT        | UNLIQUIDATED        | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. <b>6228960</b>   |          |                                       | Open account opened 2/07   | H                 |                     | H        |                       |
| Mrsi<br>2250 E Devon Ave Ste 352<br>Des Plaines, IL 60018-4521   |          |                                       |  |                   |                     |          | 7,935.00              |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  |                   |                     |          | · · · · · ·           |
| St. Anthony Hospital   |          |                                       | Mrsi   |                   |                     |          |                       |
| ACCOUNT NO. <b>6229017</b>   |          |                                       | Open account opened 2/07   |                   |                     |          |                       |
| Mrsi<br>2250 E Devon Ave Ste 352<br>Des Plaines, IL 60018-4521   |          |                                       |  |                   |                     |          | 700.00                |
| ACCOUNT NO.  St. Anthony Hospital  |          |                                       | Assignee or other notification for:  |                   |                     |          |                       |
|  |          |                                       | Mrsi   |                   |                     |          |                       |
| ACCOUNT NO. <b>6199046</b> Mrsi  |          |                                       | Open account opened 12/06  |                   |                     |          |                       |
| 2250 E Devon Ave Ste 352 Des Plaines, IL 60018-4521  |          |                                       |  |                   |                     |          | 312.00                |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  | $\vdash$          |                     | H        | 312.00                |
| St. Anthony Hospital   |          |                                       | Mrsi   |                   |                     |          |                       |
| ACCOUNT NO. <b>6178537</b>   | -        |                                       | Open account opened 11/06  | $\vdash$          |                     | H        |                       |
| Mrsi<br>2250 E Devon Ave Ste 352<br>Des Plaines, IL 60018-4521   |          |                                       | •  |                   |                     |          |                       |
| Sheet no. 3 of 6 continuation sheets attached to   |          |                                       |  | Sub               |                     |          | 292.00                |
| Schedule of Creditors Holding Unsecured Nonpriority Claims   |          |                                       | (Total of the (Use only on last page of the completed Schedule F. Reporthe Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relate | T<br>als<br>tatis | Γota<br>o o<br>tica | al<br>n  | \$ 9,239.00<br>\$     |

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IN RE Flores, Maria I

Debtor(s)

|   |          | (                                     | Continuation Sheet)   |                    |                 |                   |           |                       |
|---|----------|---------------------------------------|---|--------------------|-----------------|-------------------|-----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)                        | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT         | IINI IOIIIDATED | UNLIQUIDALED      | DISPUTED  | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO.   |          |                                       | Assignee or other notification for:   | +                  |                 |                   |           |                       |
| St. Anthony Hospital  |          |                                       | Mrsi  |                    |                 |                   |           |                       |
| ACCOUNT NO. <b>8717-QPSIL</b>   |          |                                       | Medical or Dental Services  | _                  |                 |                   |           |                       |
| Pathology Services Of Illinois, LTD<br>PO Box 1287<br>Indianapolis, IN 46206-1287   |          |                                       |   |                    |                 |                   |           | 289.00                |
| ACCOUNT NO. XXX-XX-3060   |          |                                       | Payday Loan   | +                  |                 |                   | +         | 209.00                |
| Payday Loan Store<br>7001 N Clark St<br>Chicago, IL 60626-2483  |          |                                       |   |                    |                 |                   |           | 0.00                  |
| ACCOUNT NO. <b>XXX-XX-3060</b>  |          |                                       | Payday Loan   | +                  |                 |                   |           | 0.00                  |
| Payday Loan Store<br>3908 N Harlem Ave<br>Chicago, IL 60634-2219  |          |                                       |   |                    |                 |                   |           |                       |
| ACCOUNT NO. <b>450004517</b>  |          |                                       | Open account opened 9/06  | +                  |                 |                   | +         | 0.00                  |
| Peoples Engy<br>130 E Randolph St<br>Chicago, IL 60601-6207   |          |                                       |   |                    |                 |                   |           |                       |
| ACCOUNT NO. <b>3995467395</b>   |          |                                       | Medical or Dental Services  | +                  |                 |                   | +         | 1,326.00              |
| Quest Diagnostics PO Box 64804 Baltimore, MD 21264-4804   |          |                                       |   |                    |                 |                   |           | 8.00                  |
| ACCOUNT NO.   |          |                                       | Assignee or other notification for:   | +                  | t               | 1                 | $\dagger$ | 0.00                  |
| American Medical Collection Agency<br>2269 Saw Mill River Rd Ste 3<br>Elmsford, NY 10523-3848                             |          |                                       | Quest Diagnostics   |                    |                 |                   |           |                       |
| Sheet no. <u>4</u> of <u>6</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          | <u> </u>                              | [ Total o   | Sul<br>of this i   |                 |                   |           | 1,623.00              |
| Schedule of Cicultors Holding Clisectica (vonpriority Ciallis   |          |                                       | (Use only on last page of the completed Schedule F. Re<br>the Summary of Schedules, and if applicable, on th<br>Summary of Certain Liabilities and Re | port al<br>e Stati | To<br>so<br>sti | otal<br>on<br>cal |           |                       |

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IN RE Flores, Maria I

Debtor(s)

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|   |                       | (                                     | Continuation Sheet)  |                  |              |          |                       |
|---|-----------------------|---------------------------------------|--|------------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)                        | CODEBTOR              | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE   | CONTINGENT       | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. <b>37186011941</b>  |                       |                                       | Medical or Dental Services   | +                |              |          |                       |
| Quest Diagnostics<br>PO Box 64804<br>Baltimore, MD 21264-4804   |                       |                                       |  |                  |              |          | 20.00                 |
| ACCOUNT NO.   |                       |                                       | Assignee or other notification for:  | +                |              |          | 20.00                 |
| American Medical Collection Agency<br>2269 Saw Mill River Rd Ste 3<br>Elmsford, NY 10523-3848                             |                       |                                       | Quest Diagnostics  |                  |              |          |                       |
| ACCOUNT NO. <b>05 M1 142848</b>   |                       |                                       | Credit Card or Credit Use  | +                |              |          |                       |
| Resurgence Financial, LLC<br>4100 Commercial Ave<br>Northbrook, IL 60062-1833   |                       |                                       |  |                  |              |          | 2,361.38              |
| ACCOUNT NO. <b>SAA-6061603</b>  |                       |                                       | Medical or Dental Services   | +                |              |          | 2,301.30              |
| SA Anesthesia<br>PO Box 486<br>Lake Forest, IL 60045-0486   | Anesthesia<br>Box 486 |                                       |  |                  |              |          |                       |
| ACCOUNT NO. FLOMA039  |                       |                                       | Medical or Dental Services   | +                |              |          | 150.00                |
| Saint Anthony Hospital<br>4177 S Archer Ave<br>Chicago, IL 60632-1849   |                       |                                       |  |                  |              |          | 005.00                |
| ACCOUNT NO.   |                       |                                       | Assignee or other notification for:  | +                |              |          | 325.00                |
| Diversified Srvs Group<br>5800 E Thomas Rd Ste 107<br>Scottsdale, AZ 85251-7510   |                       |                                       | Saint Anthony Hospital   |                  |              |          |                       |
| ACCOUNT NO.  MCS Collections, Inc 725 S Wells St Ste 501 Chicago, IL 60607-4516   |                       |                                       | Assignee or other notification for:<br>Saint Anthony Hospital  |                  |              |          |                       |
| Sheet no. <u>5</u> of <u>6</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |                       | <u> </u>                              | (Total of  | Sub<br>this p    |              |          | \$ 2,856.38           |
|   |                       |                                       | (Use only on last page of the completed Schedule F. Repo<br>the Summary of Schedules, and if applicable, on the<br>Summary of Certain Liabilities and Rela | rt als<br>Statis | stic         | on<br>al | \$                    |

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IN RE Flores, Maria I

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Debtor(s)

|  |          | ((                                    | Continuation Sheet)  |                |              |          |                       |
|--|----------|---------------------------------------|--|----------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE   | CONTINGENT     | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  |                |              | Н        |                       |
| Medical Recovery Specialists, Inc.<br>2250 E Devon Ave Ste 352<br>Des Plaines, IL 60018-4521       |          |                                       | Saint Anthony Hospital   |                |              |          |                       |
| ACCOUNT NO. <b>000118270297</b>  |          |                                       | Medical or Dental Services   | -              |              | Н        |                       |
| Sinai Health System<br>1905 Paysphere Circle<br>Chicago, IL 60674-0019                             |          |                                       |  |                |              |          | 616.30                |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  |                |              | Н        | 0.000                 |
| Nationwide Credit & Collection<br>9919 W Roosevelt Rd<br>Westchester, IL 60154-2774                |          |                                       | Sinai Health System  |                |              |          |                       |
| ACCOUNT NO. 000122371594  Sinai Health System 1905 Paysphere Circle Chicago, IL 60674-0019         |          |                                       | Medical or Dental Services   |                |              |          |                       |
|  |          |                                       |  |                |              |          | 4 400 00              |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  | -              |              | Н        | 1,102.00              |
| Nationwide Credit & Collection<br>9919 W Roosevelt Rd<br>Westchester, IL 60154-2774                |          |                                       | Sinai Health System  |                |              |          |                       |
| ACCOUNT NO. XXX-XX-3060  |          |                                       | Payday Loan  |                |              | Н        |                       |
| USA Web Cash<br>505 N Lasalle St<br>Chicago, IL 60610-4298   |          |                                       |  |                |              |          | 0.00                  |
| ACCOUNT NO.  | 1        |                                       |  |                |              |          | 0.00                  |
|  |          |                                       |  |                |              |          |                       |
| Sheet no <b>6</b> of <b>6</b> continuation sheets attached to                                      |          | <u> </u>                              | 1  | Sub            |              |          |                       |
| Schedule of Creditors Holding Unsecured Nonpriority Claims   |          |                                       | (Total of the  | _              | age<br>Fota  | ı        | \$ 1,718.30           |
|  |          |                                       | (Use only on last page of the completed Schedule F. Reporthe Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relate | t als<br>tatis | o o<br>tica  | n<br>al  | \$ 19,336.74          |

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Debtor(s)

#### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R. Bankr. P. 1007(m).

✓ Check this box if debtor has no executory contracts or unexpired leases.

|   | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST.  |
|---|--|
| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE<br>OF OTHER PARTIES TO LEASE OR CONTRACT | STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
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\_\_\_\_\_ Case No.

Debtor(s)

#### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

| _                            |                              |
|------------------------------|------------------------------|
| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|                              |                              |
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|                              | NAME AND ADDRESS OF CODERTOR |

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IN RE Flores, Maria I

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#### SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child.

| Debtor's Marital Status  |  | F DEBTOR ANI  | SPOU          | SE       |          |                     |                |
|--|--|---|---------------|----------|----------|---------------------|----------------|
| Married  |  | RELATIONSHIP(S): Son  |               |          |          | AGE(S):<br><b>1</b> |                |
| EMPLOYMENT:  |  | DEBTOR  |               |          | SPOUSE   |                     |                |
| Occupation<br>Name of Employer<br>How long employed<br>Address of Employer | Secretary<br>Chicago Med<br>9 years<br>515 N Dearbo<br>Chicago, IL 6 | orn St  |               |          |          |                     |                |
| INCOME: (Estima  | ate of average or  | r projected monthly income at time case filed)                  |               |          | DEBTOR   |                     | SPOUSE         |
| <ol> <li>Current monthly</li> <li>Estimated month</li> </ol>               |  | llary, and commissions (prorate if not paid mon                 | thly)         | \$<br>\$ | 1,817.72 | \$                  |                |
| 3. SUBTOTAL  |  |   |               | \$       | 1,817.72 | \$                  |                |
| 4. LESS PAYROL<br>a. Payroll taxes a<br>b. Insurance                       |  |   |               | \$<br>\$ | 386.58   | \$                  |                |
| c. Union dues  |  |   |               | \$       |          | \$                  |                |
| d. Other (specify)   | CTA  |   |               | . \$     | 60.00    | \$                  |                |
|  |  |   |               |          |          | \$                  |                |
| 5. SUBTOTAL O  | F PAYROLL I  | DEDUCTIONS  |               | \$       | 446.58   | \$                  |                |
| 6. TOTAL NET M   | IONTHLY TA   | KE HOME PAY   |               | \$       | 1,371.14 | \$                  |                |
| 7. Regular income<br>8. Income from rea<br>9. Interest and divide          | l property   | of business or profession or farm (attach detaile               | d statement)  | \$<br>\$ |          | \$<br>\$            |                |
| 10. Alimony, maint that of dependents                                      | tenance or suppo<br>listed above                                     | ort payments payable to the debtor for the debtor               | or's use or   | \$<br>\$ |          | \$<br>\$            |                |
| 11. Social Security (Specify)  |  | ment assistance   |               | \$       |          | \$                  |                |
| 12. Pension or retir<br>13. Other monthly                                  |  |   |               | \$       |          | \$                  |                |
| (Specify)  |  |   |               | \$<br>\$ |          | \$<br>\$            |                |
|  |  |   |               | Ψ        |          | ΨΨ                  |                |
| 14. SUBTOTAL O   | OF LINES 7 TH  | HROUGH 13   |               | \$       |          | \$                  |                |
| 15. AVERAGE M  | ONTHLY INC   | <b>COME</b> (Add amounts shown on lines 6 and 14)               |               | \$       | 1,371.14 | \$                  |                |
|  |  | ONTHLY INCOME: (Combine column totals otal reported on line 15) | from line 15; |          | \$       | 1,371.1             | <br>  <u>4</u> |

(Report also o

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: **Debtor is expecting a baby girl on 10/12/07. She will be off work for a few months.** 

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#### SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DERTOR(S)

| SCHEDULE 3 - CORRENT EXITENDITURES OF INDIVIDUAL DEBTOR   | .(6)          |                  |
|---|---------------|------------------|
| Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorat quarterly, semi-annually, or annually to show monthly rate. | e any payment | ts made biweekly |
| Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete expenditures labeled "Spouse."   | e a separat   | e schedule of    |
| 1. Rent or home mortgage payment (include lot rented for mobile home)   | \$            | 600.00           |
| a. Are real estate taxes included? Yes No   |               |                  |
| b. Is property insurance included? Yes No   |               |                  |
| 2. Utilities:   | ¢             | 450.00           |
| a. Electricity and heating fuel     b. Water and sewer  | \$ —          | 150.00           |
| c. Telephone  | \$ —          |                  |
| d. Other <b>Cable</b>   | \$ —          |                  |
| d. Other  | \$            |                  |
| 3. Home maintenance (repairs and upkeep)  | \$            |                  |
| 4. Food   | \$            | 400.00           |
| 5. Clothing   | \$            | 100.00           |
| 6. Laundry and dry cleaning   | \$            | 50.00            |
| 7. Medical and dental expenses  | \$            | 35.00            |
| 8. Transportation (not including car payments)  | \$            | 125.00           |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.   | \$            | 25.00            |
| 10. Charitable contributions  | \$            |                  |
| 11. Insurance (not deducted from wages or included in home mortgage payments)   |               |                  |
| a. Homeowner's or renter's  | \$            |                  |
| b. Life   | \$            |                  |
| c. Health<br>d. Auto  | ş —           |                  |
| e. Other  | " —           |                  |
| e. Oulei  | — ¢ —         |                  |
| 12. Taxes (not deducted from wages or included in home mortgage payments)   | Ψ             |                  |
| (Specify)   | \$            |                  |
| (opting)  | \$            |                  |
| 13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)   |               |                  |
| a. Auto   | \$            |                  |
| b. Other  | \$            |                  |
|   | \$            |                  |
| 14. Alimony, maintenance, and support paid to others  | \$            |                  |
| 15. Payments for support of additional dependents not living at your home   | \$            |                  |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  | \$            |                  |
| 17. Other Personal Care & Grooming  | \$            | 50.00            |
|   | \$            |                  |
|   | \$            |                  |
| <b>18. AVERAGE MONTHLY EXPENSES</b> (Total lines 1-17. Report also on Summary of Schedules and, if  |               |                  |
| applicable, on the Statistical Summary of Certain Liabilities and Related Data.   | \$            | 1,535.00         |
| 19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of Debtor is expecting a baby girl on 10/12/07. She will have additional living expenses.   | of this docu  | iment:           |
| 20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I   | \$            | 1,371.14         |
| b. Average monthly expenses from Line 18 above  | \$<br>\$      | 1,535.00         |
| υ τη γιητική του το πουστά του συστά του σ  |               |                  |

c. Monthly net income (a. minus b.)

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Case No. \_

IN RE Flores, Maria I

Debtor(s)

#### DECLARATION CONCERNING DEBTOR'S SCHEDULES

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ **20** sheets (total shown on

| Date: <b>August 6, 2007</b>  | Signature: /s/ Maria I Flores<br>Maria I Flores   | Debte   |
|--|---|---|
| Date:  | Signature:  |   |
|  |   | (Joint Debtor, if an  |
| DECLARATION AND  | SIGNATURE OF NON-ATTORNEY BAN   | NKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)  |
| compensation and have provided thand 342 (b); and, (3) if rules or gu  | e debtor with a copy of this document and t<br>idelines have been promulgated pursuant to<br>e given the debtor notice of the maximum a | arer as defined in 11 U.S.C. § 110; (2) I prepared this document for the notices and information required under 11 U.S.C. §§ 110(b), 110(h) to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable be mount before preparing any document for filing for a debtor or accepting |
| Printed or Typed Name and Title, if any                                | , of Bankruptcy Petition Preparer   | Social Security No. (Required by 11 U.S.C. § 110.)  |
| If the bankruptcy petition prepare responsible person, or partner who  |   | (if any), address, and social security number of the officer, principal   |
| Address  |   |   |
| Signature of Bankruptcy Petition Prepar                                | er  | Date  |
| Names and Social Security numbers is not an individual:                | s of all other individuals who prepared or ass  | sisted in preparing this document, unless the bankruptcy petition prepare   |
| If more than one person prepared t                                     | nis document, attach additional signed shee   | ts conforming to the appropriate Official Form for each person.   |
| A bankruptcy petition preparer's for imprisonment or both. 11 U.S.C. § |   | I and the Federal Rules of Bankruptcy Procedure may result in fines o   |
| DECLARATION U  | NDER PENALTY OF PERJURY ON  | BEHALF OF CORPORATION OR PARTNERSHIP  |
|  |   | ent or other officer or an authorized agent of the corporation or   |
|  | med as debtor in this case, declare under sheets (total shown on summary po   | er penalty of perjury that I have read the foregoing summary an age plus 1), and that they are true and correct to the best of m  |
| Date:  | Signature:  |   |
|  |   |   |

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property. Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

**DECLARATION CONCERNING DEBTOR'S SCHEDULES** 

Case 07-14107 Official Form 7 (04/07)

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Northern District of Illinois

Desc Main

| IN RE:          |           | Case No   |
|-----------------|-----------|-----------|
| Flores, Maria I |           | Chapter 7 |
|                 | Debtor(s) | 1         |

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. Do not include the name or address of a minor child in this statement. Indicate payments, transfers and the like to minor children by stating "a minor child." See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 -25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

#### 1. Income from employment or operation of business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

19,714.32 Estimated 2005 income from employment

18,069.00 Estimated 2006 income from employment

1,817.72 Estimated 2007 income from employment (monthly)

#### 2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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|-------|---|--|--|--|--|--|
| None  | b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within <b>90 days</b> immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,475. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) |  |  |  |  |  |
| None  | c. All debtors: List all payments made within <b>one year</b> immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)  |  |  |  |  |  |
| 4. Su | its and administrative proceedings, executions, garnishments and attachments  |  |  |  |  |  |
| None  | a. List all suits and administrative proceedings to which the debtor is or was a party within <b>one year</b> immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)  |  |  |  |  |  |
| None  | b. Describe all property that has been attached, garnished or seized under any legal or equitable process within <b>one year</b> immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)  |  |  |  |  |  |
| 5. Re | possessions, foreclosures and returns   |  |  |  |  |  |
| None  | List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within <b>one year</b> immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)  |  |  |  |  |  |
| 6. As | signments and receiverships   |  |  |  |  |  |
| None  | a. Describe any assignment of property for the benefit of creditors made within <b>120 days</b> immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)  |  |  |  |  |  |
| None  | b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within <b>one year</b> immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)   |  |  |  |  |  |
| 7. Gi | fts   |  |  |  |  |  |
| None  | _ Elst all girls of character contributions made within one year immediately proceeding the commoncement of any case except ordinary and assure   |  |  |  |  |  |
| 8. Lo | sses  |  |  |  |  |  |
| None  | List all losses from fire, theft, other casualty or gambling within <b>one year</b> immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)   |  |  |  |  |  |
| 9. Pa | yments related to debt counseling or bankruptcy   |  |  |  |  |  |
| None  | List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within <b>one year</b> immediately preceding the commencement of this case.  |  |  |  |  |  |

NAME AND ADDRESS OF PAYEE **Gleason And Gleason LLC** 77 W Washington, Ste 1218 Chicago, IL 60602

DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR 8/06/2007

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

221.00

#### 10. Other transfers

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None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

#### 11. Closed financial accounts

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 12. Safe deposit boxes

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 14. Property held for another person

List all property owned by another person that the debtor holds or controls.



#### 15. Prior address of debtor

If debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**ADDRESS** 3954 S California, Chicago IL 60632 NAME USED Same

DATES OF OCCUPANCY Moved out 02/2005

#### 16. Spouses and Former Spouses

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If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

#### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

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#### 18. Nature, location and name of business

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

 $\checkmark$ 

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date: August 6, 2007 | Signature /s/ Maria I Flores         |                |
|----------------------|--------------------------------------|----------------|
|                      | of Debtor                            | Maria I Flores |
| Date:                | Signature                            |                |
|                      | of Joint Debtor                      |                |
|                      | (if any)                             |                |
|                      | <b>0</b> continuation pages attached |                |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

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**Northern District of Illinois** 

| IN RE:  |  |   |   |  | Case No.                                      |                                     |   |  |
|---|--|---|---|--|---|-------------------------------------|---|--|
| Flores, Maria I   |  |   |   |  | Chapter 7                                     |                                     |   |  |
|   |  | Debtor(s)   |   |  |   |                                     |   |  |
|   | CHAPTER 7 II   | NDIVIDUAL D   | EBTOR'S STA   | TEMENT C   | F INTEN                                       | TION                                |   |  |
| I have filed a so   | chedule of assets and liabilitichedule of executory contract<br>he following with respect to   | ts and unexpired lea  | ses which includes  | personal propert                                       | ty subject to                                 |                                     | ed lease.                                     | Debt will be   |
| Description of Secured Pro  | perty  | Creditor's Name   |   |  | Property will<br>be Surrendered               | Property is<br>claimed as<br>exempt | be redeemed<br>pursuant to 11<br>U.S.C. § 722 | reaffirmed   |
| None  |  |   |   |  |   |                                     |   |  |
| Description of Leased Prop  | orti:  |   | Lessor's Name   |  |   |                                     |   | Lease will be<br>assumed<br>pursuant to 11<br>U.S.C. §<br>362(h)(1)(A) |
|   |  |   |   |  |   |                                     |   |  |
| 08/06/2007  | /s/ Maria I Flores   |   |   |  |   |                                     |   |  |
| Date  | Maria I Flores   |   | Debtor  |  |   | Joi                                 | nt Debtor (i                                  | f applicable)  |
| I declare under pe<br>compensation and<br>and 342 (b); and,<br>bankruptcy petitio | enalty of perjury that: (1) I have provided the debtor wi (3) if rules or guidelines haven preparers, I have given the lebtor, as required by that sec | am a bankruptcy pe<br>th a copy of this doc<br>e been promulgated<br>debtor notice of the | etition preparer as output and the notice pursuant to 11 U.S. | lefined in 11 U<br>es and informati<br>.C. § 110(h) se | S.C. § 110:<br>ion required<br>itting a maxir | ; (2) I prepunder 11 Unum fee fo    | pared this d<br>.S.C. §§ 110<br>r services cl | ocument for 0(b), 110(h), hargeable by                                 |
| Printed or Typed Na   | me and Title, if any, of Bankrupt  | tcy Petition Preparer   |   |  | Social Security                               | / No. (Requi                        | red by 11 U.S                                 | S.C. § 110.)   |
|   | petition preparer is not an annum, or partner who signs the a  |   | name, title (if any)  | , address, and s                                       | social securi                                 | ty number                           | of the office                                 | er, principal,   |
| Address   |  |   |   |  |   |                                     |   |  |
| Signature of Bankruj  | ptcy Petition Preparer   |   |   | <del></del>  | Date  |                                     |   |  |
| Names and Social is not an individua  | Security numbers of all other al:  | individuals who pre   | pared or assisted in  | preparing this do                                      | ocument, unl                                  | ess the ban                         | kruptcy peti                                  | tion preparer  |

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

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|----------------------|------------------|-----------------|
| <b>United States</b> | Bankruptcy       | Court           |
|                      |                  |                 |
| Nortnern 1           | District of Illi | inois           |

| IN RE:                      |  | Case No   |
|-----------------------------|--|---|
| Flores, Maria I             |  | Chapter 7   |
|                             | Debtor(s)                                    | •   |
|                             | VERIFICATION OF CREDI                        | TTOR MATRIX   |
|                             |  | Number of Creditors29                                 |
| The above-named Debtor(s) h | ereby verifies that the list of creditors is | s true and correct to the best of my (our) knowledge. |
| Date: <b>August 6, 2007</b> | /s/ Maria I Flores                           |   |
|                             | Debtor                                       |   |
|                             | Joint Debtor                                 |   |

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Illinois Department Of Revenue Pathology Se
C/O ICS Payment And Correspondence Unit
PO Box 1287
PO Box 19043 Indianapolis,

PO Box 19043 Springfield, IL 62794-9043 Pathology Services Of Illinois, LTD PO Box 1287 Indianapolis, IN 46206-1287

Gleason And Gleason LLC 77 W Washington, Ste 1218 Chicago, IL 60602 Illinois Department Of Revenut Bankruptcy Section Level 7-400 100 W Randolph St Chicago, IL 60601-3218 Payday Loan Store 7001 N Clark St Chicago, IL 60626-2483

Afni Inc PO Box 3427 Bloomington, IL 61702-3427 Illinois Lending Corp 408 N Wells St Chicago, IL 60610-4511

Payday Loan Store 3908 N Harlem Ave Chicago, IL 60634-2219

Allied Interstate 3000 Corporate Exchange Dr 5th FI Columbus, OH 43231-7689 Internal Revenue System 230 S Dearborn St Stop 5016-CHI Chicago, IL 60604-1505 Peoples Engy 130 E Randolph St Chicago, IL 60601-6207

American Medical Collection Agency 2269 Saw Mill River Rd Ste 3 Elmsford, NY 10523-3848 Leland Scott 1600 E Pioneer Pkwy Ste 550 Arlington, TX 76010-0536 Quest Diagnostics PO Box 64804 Baltimore, MD 21264-4804

Capital 1 Bk 11013 W Broad St Glen Allen, VA 23060-5937 MCS Collections, Inc 725 S Wells St Ste 501 Chicago, IL 60607-4516 Resurgence Financial, LLC 4100 Commercial Ave Northbrook, IL 60062-1833

Chicago Imaging Association LLC / SAN 36515 Treasury Center Chicago, IL 60694-6500

Medical Recovery Specialists, Inc. 2250 E Devon Ave Ste 352 Des Plaines, IL 60018-4521 SA Anesthesia PO Box 486 Lake Forest, IL 60045-0486

Cingular Wireless PO Box 6428 Carol Stream, IL 60197-6428 Merchants Cr 223 W Jackson Blvd Ste 900 Chicago, IL 60606-6912 Saint Anthony Hospital 4177 S Archer Ave Chicago, IL 60632-1849

Direct TV PO Box 78626 Phoenix, AZ 85062-8626 Mrsi 2250 E Devon Ave Ste 352 Des Plaines, IL 60018-4521 Sbc 225 W Randolph St Ste 27A Chicago, IL 60606-1838

Diversified Srvs Group 5800 E Thomas Rd Ste 107 Scottsdale, AZ 85251-7510 Nationwide Credit & Collection 9919 W Roosevelt Rd Westchester, IL 60154-2774 Sinai Health System 1905 Paysphere Circle Chicago, IL 60674-0019 Case 07-14107 Doc 1 Filed 08/06/07 Entered 08/06/07 17:32:48 Desc Main Document Page 37 of 37

USA Web Cash 505 N Lasalle St Chicago, IL 60610-4298